



State of New Hampshire  
Department of Environmental Services  
Asbestos Management and Control Program  
**Application for Certification**



**For Asbestos Inspectors, Asbestos Management Planners, or Asbestos Project Designers who provide their services to SCHOOLS.**

**Please complete all sections of the application by printing or typing the required information, attaching all required documentation, and signing the application.**

**I. APPLICANT:**

Name (last) \_\_\_\_\_, (first) \_\_\_\_\_, (mid I) \_\_\_\_\_

Social Security Number (identification only) \_\_\_\_\_

Date of Birth: \_\_\_\_\_, Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_, State: \_\_\_\_\_, Zip: \_\_\_\_\_

**II. COMPANY OR PRINCIPLE PLACE OF EMPLOYMENT:**

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_, State: \_\_\_\_\_, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_, Fax: \_\_\_\_\_

**III. TYPE OF CERTIFICATION APPLYING FOR:** Please check all that apply.

Asbestos Inspector \_\_\_\_\_  
Asbestos Management Planner \_\_\_\_\_  
Asbestos Project Designer \_\_\_\_\_

**IV. APPLICATION INFORMATION:**

a.) Is this a new application or a renewal application? \_\_\_\_\_  
If this is a Renewal Application attach a photocopy of your NH Certificate.

b.) Have you previously applied for an asbestos related certificate in the  
State of New Hampshire? YES \_\_\_\_\_, NO \_\_\_\_\_

c.) Are you licensed, certified, or permitted as an asbestos Inspector, Asbestos Management  
Planner, or Project Designer in any other state other than New Hampshire? YES \_\_\_\_\_, NO \_\_\_\_\_  
If YES, please list the name of the state, the type, date of certification, and certificate number.

\_\_\_\_\_  
\_\_\_\_\_

d.) Submit two clear, unmutilated, and unstapled 1 1/2 x 1 inch color photographs, with your name legibly printed on the back of each photograph.

**V. TRAINING OF APPLICANT:**

## a.) Formal Education Background

Academic Degree	School	Major	Minor	Graduation Date

## b.) Other Relevant Formal Training. Please complete the section below and attach documentation of course attendance and grade on final exam.

Course Title	Course Sponsor	Date completed	Grade on exam

## c.) Professional Credentials.

P.E. \_\_\_\_\_ C.I.H. \_\_\_\_\_ R.A. \_\_\_\_\_  
 Other (specify): \_\_\_\_\_  
 License or Certificate Numbers and Dates: \_\_\_\_\_  
 \_\_\_\_\_

**VI. EXPERIENCE OF APPLICANT:**

List the experience required for each certification separately. Attach documentation of relevant employment history, including employers, dates of employment and duties, and asbestos abatement field experience. Provide date of project, name of project owner, contact person, telephone number, and a brief description of the project.

**VII. ENFORCEMENT ACTION:**

- a.) Are there any outstanding state or federal enforcement actions pending against the applicant with regard to asbestos abatement work? YES: \_\_\_\_\_ NO: \_\_\_\_\_
- b.) If the answer is YES, attach detailed information to this application about the enforcement action, including the name of the federal or state agency taking action.

**VIII. STATEMENT OF COMPLIANCE:**

I certify that I have read and understand the New Hampshire Asbestos Management Rules. I further certify this application is prepared in conformity with the New Hampshire Regulations for asbestos control and that all information contained herein, including any supplements attached hereto, is true and correct to the best of my knowledge and belief.

SIGNATURE OF APPLICANT: \_\_\_\_\_

TITLE: \_\_\_\_\_

Date: \_\_\_\_\_

**Please send completed application to:**

New Hampshire Dept. of Environmental Services  
Bureau of Environmental and Occupational Health  
Asbestos Management and Control Program  
Attn: Asbestos Licensing/Certification  
PO Box 95 - 29 Hazen Drive  
Concord, NH 03302-0095

Phone: (603) 271-4609

**DO NOT SEND APPLICATION WITHOUT APPROPRIATE APPLICATION FEE AS SPECIFIED  
IN HE-P 5008.06 (B): (4), (5), (6), or (7):**

**Singular certification shall be charged :**

**Initial Certification --- \$100.00**

**Renewal Certification -- \$75.00**

**Combination Certifications shall be charged:**

**Initial Certification --- \$100.00 for the first and \$50.00 for each  
additional certification.**

**Renewal Certification -- \$75.00 for the first and \$50.00 for each  
additional certification.**

**CHECKS AND/OR MONEY ORDERS SHALL BE MADE PAYABLE TO “TREASURER, STATE OF  
NEW HAMPSHIRE”.**